

Montana Medicaid Claim Jumper

PASSPORT Numbers To Change Quarterly

DPHHS is implementing a change that will affect PASSPORT provider numbers. Beginning August 2004, PASSPORT or "referral" numbers will change on a quarterly basis. This change is being implemented to assure that a medical home for our PASSPORT clients is being protected. The change will assure security of referral numbers. A letter will be sent to PASSPORT providers 30 days before the new referral number is to be used. More information on this change will appear in future issues of the *Claim Jumper* and a notice will be sent out before the change is implemented. For questions regarding this change, call Niki Scofield at 406-444-4148 or Crystal Nachtsheim at 406-457-9564.

Billing Tips For Non-covered Services

Providers submitting multiple line claims that involve physician-related services that are not authorized (via the Medicaid Prior Authorization Unit) should avoid billing the unauthorized service to Montana Medicaid. The system cannot process the rest of the claim as the denial edit will cause the entire claim to deny. For example, the claim system would deny a multiple line claim for an E&M, a routine circumcision, a flu vaccine and a flu vaccine administration because of the unauthorized circumcision.

EOB R&R Crosswalk

With the implementation of HIPAA, Medicaid discontinued the use of Medicaid EOB codes and began using HIPAA standard reason and remark codes (R&R). The EOB Reason & Remark Crosswalk document cross-references the HIPAA standard R&R codes to the Medicaid EOB codes. This resource is available for download at www.mtmedicaid.org. To access the crosswalk document, just click on "HIPAA Update" link on the left side of the screen.

DPHHS Provider Fair



Over 200 Montana DPHHS health care providers attended the DPHHS Provider Fair in Helena on April 27 & 28. The fair offered 17 different sessions to help health care professionals of all types learn more about the latest developments in our state health programs.

Use Of Modifier 52 With Lab Codes

Modifier 52 (reduced services) is used to indicate that a procedure or service is being performed at a lesser level. Effective August 26, 2003, Montana Medicaid no longer allows modifier 52 on CPT codes 80000-89999. Providers billing this modifier on pathology and laboratory codes will be denied payment for those lines.

If only some of the tests that make up an organ or disease oriented panel are provided, **ONLY** those individual tests should be billed. The panel code should not be billed with modifier 52 to indicate that only a partial panel was performed.



PASSPORT To Health Launches Team Care Program

On June 1, 2004, Montana Medicaid will be launching the Team Care Program, an additional component of the PASSPORT to Health program. Team Care, Montana's utilization management and education program, targets clients identified as excessively utilizing or abusing the Medicaid system. The program is designed to intensively educate clients on the proper use of healthcare services, and involves a team approach consisting of Montana Medicaid, Nurse First, and the primary care provider (PCP) working together to affect positive client behavioral changes.

The initial step of the program is to identify clients who have shown a history of over utilizing either provider or pharmacy resources. The identification process is completed through claims data analysis, the Drug Utilization Review (DUR) Board, or provider referrals. Once clients are identified, a letter will be sent to respective PCPs asking them to validate whether or not the client's use exceeds medical need. PCPs will then be asked to fax/phone DPHHS a report of clients not valid for enrollment in Team Care, i.e. client's use meets medical need. All other clients will be automatically enrolled.

Team Care (TC) clients will be mandated to enroll in PASSPORT, select a PASSPORT primary care provider, select a single pharmacy, and call the Nurse First line prior to accessing Medicaid payable health services, including visits to their PCP (except in emergent care situations). These clients will receive extensive outreach and education from specially trained registered nurses and will be instructed on the proper use of the medical health system. Providers will be asked to help educate these clients as appropriate.

Initial enrollment is expected to be 300 clients, who will remain enrolled in the program for a minimum of 12 months. Though the majority of the case management will be administered by Nurse First, the Department recognizes the additional contributions of the PCP. PASSPORT providers will therefore receive an enhanced capitation rate of \$6.00 for each respective enrolled TC client, an amount doubling the current management fee.

Detailed Team Care informational letters will be sent to all Medicaid providers in the near future. Providers with enrolled TC clients will receive additional outreach materials. If you have any questions or concerns, please contact Tedd Weldon at 406-444-1518 or email at teweldon@state.mt.us.

Reminder To Providers Who Perform Sterilization, Hysterectomy And Abortion-related Services

The following forms must be attached to claims for the services listed below, or payment will be denied.

Induced Abortions

Medicaid Recipient/Physician Abortion Certification form (MA-37)

Elective Sterilizations

Informed Consent to Sterilization form (MA-38)

Hysterectomies and Other Medically Necessary Sterilization Procedures

Medicaid Hysterectomy Acknowledgement form (MA-39)

It is the provider's responsibility to obtain a copy of each form needed from the primary or attending physician.

All of the forms listed above are available for download at www.mtmedicaid.org. If you have questions regarding the use of these forms, please contact Doug Girard at 406-444-3337 or Denise Brunett at 406-444-3995.

Avoid Unnecessary Attachments To Claims

Only approved forms, if required, should be sent as attachments when submitting claims for processing. In addition to those forms mentioned in the article above, other examples of approved attachments that may be required to process a claim include the FA-455 form (used to establish retroactive eligibility) and the Emergency Dental Form.

Items such as operation reports, status notes, nurses' notes, prescriptions, and other documents should not be attached to the claim as they are not needed for processing and only serve to slow the claims submission process.

Recent Publications

The following are brief summaries of publications regarding recent program policy changes. For details and further instructions, download the complete notice from the Provider Information website at www.mtmedicaid.org. Select "Resources by Provider Type" for a list of resources specific to your provider type. If you cannot access the information, contact provider relations at (800) 624-3958 or (406) 442-1837 in Helena or out-of-state.

Notices		
<i>Date Posted</i>	<i>Provider Type(s)</i>	<i>Description</i>
04/27/04	Physician, Hospital	Updated Observation Bed Criteria
05/05/04	Hearing Aids, Audiology	New HCPCS Code that can be billed to Medicaid
05/11/04	Physician, Mid-level Practitioner, ASC, Inpatient Hospital, Outpatient Hospital, Indian Health Services	Important Reminder Regarding Sterilizations, Hysterectomies, and Abortions
Manuals/Replacement Pages		
04/26/04	School-based, Optometric	Updated manual, replacement pages (04/26/04)
04/27/04	Outpatient Hospital	Updated manual, replacement pages (04/27/04)
Fee Schedules		
04/12/04	Public Health Clinic	New Fee Schedule (01/04)
04/12/04	Inpatient Hospital	New Fee Schedule (10/03)
04/19/04	Private Duty Nursing	New Fee Schedule (10/04)
04/19/04	Personal Transportation & Per Diem	New Fee Schedule (01/04)
04/19/04	Commercial & Specialized Transportation	New Fee Schedule (01/04)
04/19/04	Ambulance	New Fee Schedule (01/04)
04/19/04	Denturist	New Fee Schedule (01/04)
04/19/04	Eyeglasses	New Fee Schedule (01/04)
05/04/04	Nursing Facility	New Ancillary Services Fee Schedule (03/04)
Other Resources/Forms		
04/19/04	DME	DMEOPS Workgroup Members List
04/19/04	Emergency Services	Emergency Diagnosis Code List (04/04)
05/04/04	Nursing Facility	Ancillary Services Code Crosswalk (04/04)
05/04/04	Dental	Emergency Dental Services Form (04/04)
05/04/04	All Providers	Address Correction Form - W-9 Attached (03/04)
05/05/04	DME	DMEOPS Advisory Workgroup Meeting Minutes
05/05/04	DME	DMEOPS Advisory Workgroup Mission Statement

Montana Medicaid
ACS
P.O. Box 8000
Helena, MT 59604

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Key Contacts

Provider Information website <http://www.mtmedicaid.org>

ACS EDI Gateway Website <http://www.acs-gcro.com>

ACS EDI Help Desk (800) 987-6719

Provider Relations (800) 624-3958 (in Montana)
(406) 442-1837 (Helena & out-of-state)
(406) 442-4402 fax

TPL (800) 624-3958 (in Montana)
(406) 443-1365 (Helena & out-of-state)

Direct Deposit Arrangements (406) 444-5283

Verify Client Eligibility

FAXBACK (800) 714-0075

Automated Voice Response (AVR) (800) 714-0060

Point-of-sale Help Desk for Pharmacy Claims (800) 365-4944

PASSPORT (800) 624-3958

Prior Authorization

DMEOPS (406) 444-0190

Mountain-Pacific Quality Health Foundation (800) 262-1545

First Health (800) 770-3084

Transportation (800) 292-7114

Prescriptions (800) 395-7961

Provider Relations
P.O. Box 4936
Helena, MT 59604

Claims Processing
P.O. Box 8000
Helena, MT 59604

Third Party Liability
P.O. Box 5835
Helena, MT 59604